

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



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		SISTRATION FORM Print Clearly)	RECEIVE 705 JAN 31 STATE OF HA
PART I LOBBYIST			2
NAME(Last)	(First)	(Middle)	TELEPHONE:
DEWEESE	Garen	R.	532-5806
MAILING ADDRESS (Street)			FAX
P. O. Box 2750			532-5864
(City)	(State)	(Zip C	Code)
Honolulu	Hawaii	96840-	-0001
EMPLOYING ORGANIZATION (Fill in onl	ly if you are employed by a business	entity which has been retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip C	Code)

PART II ORGANIZATIO	N	
NAME OF ORGANIZATION YOU	TELEPHONE	
Maui Electric Compa	871-2302	
MAILING ADDRESS (Street)	FAX	
P. O. Box 398		871-2350
(City)	(State)	(Zip Code)
Kahului	Hawaii	96733-6898
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATION'S EXPENDITU	IRES STATEMENT TELEPHONE
Marcia Wright		532-5860
MAILING ADDRESS (Street)		FAX
P. O. Box 2750		532-5864
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96840-0001

PART	III DESCRIPTION OF SU	BJECTS UPON WHICH	YOU	EXPECT TO LOBBY		
	Agriculture	Education		Human Services	XX	Science, Technology & Economic Development
XX	Communications & Public Utilities	Government Operations & Finance		Intergovernmental Relations, International Affairs		Tourism & Recreation
XX	Consumer Protection & Commerce	Hawaiian Affairs	XX	Labor & Employment	XX	Transportation
	Culture, Arts, Historic Preservation	Health	XX	Planning, Land & Water Use Management		Other: (indicate below)
xx	Ecology, Energy Environmental Protection	Housing		Public Safety & Corrections		
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PART IV CERTIFICATION OF LOBBYIST						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
1/21/15						
	(Signature of Lobbyist)		(Date)			

PART V AUTHORIZATION TO	LOBBY			
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
Molly M. Egged	S	ecretary		
NAME OF ORGANIZATION (if applicable	θ)	TELEPHONE		
Maui Electric Company, Limited		543-7728		
MAILING ADDRESS (Street)		FAX		
P. O. Box 2750		543-7523		
(City)	(State)	(Zip Code)		
Honolulu Hawaii 96840-0001		96840-0001		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.				
(Signature of Authoriz	ing Officer or Person Represented)			
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